FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | ORGANIZATION | |
|---|---|----------------------|
| | (See instructions) | Office use only |
| NAME OF COMMITTEE (in | (Check if name Example: If typying, type is changed) over the lines | 12FE4M5 |
| MICHIGAN F | ARM BUREAU POLITICAL ACTION COMMITTEE | |
| | | |
| ADDRESS (number and | d street) 7373 W. SAGINAW HIGHWAY | |
| (Check if address is changed) | P.O. BOX 30960 | |
| | CITY▲ | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MA | AIL ADDRESS (Please provide only one e-mail address) | 211 0052 = |
| (Check if addre | ablack@michth.com | |
| is changed) | | |
| | | |
| COMMITTEE'S WEE | B PAGE ADDRESS (URL) | |
| (Check if addre is changed) | ss | |
| is changed) | | |
| | | |
| 2. DATE M_ | M / D D / Y Y Y Y | |
| Z. DATE 0 | 2 0 0 9 | |
| 3. FEC IDENTIFIC | ATION NUMBER C C00096362 | |
| 4. IS THIS STATEMENT NEW (N) OR X AMENDED (A) | | |
| | | |
| I certify that I have exar | nined this Statement and to the best of my knowledge and belief it is true, correct a | and complete |
| , , | | |
| Type or Print Name of | f Treasurer Mr. JOHN VANDER MOLEN | |
| Signature of Treasure | er Electronically Filed by Mr. JOHN VANDER MOLEN | Date 03 / 25 / YYYYY |
| NOTE: Submission of f | alse, erroneous, or incomplete information may subject the person signing this Sta | |
| Office Use Only | For further information Federal Election Commi. Toll Free 800-424-9530 Local 202-694-1100 | |